

SEP 09 2008

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/726,737 Confirmation No.: 5831  
Applicant : KOTLIAR, Igor K.  
Filing Date : December 3, 2003  
Title : HYPOXIC AIRCRAFT FIRE PREVENTION AND SUPPRESSION SYSTEM  
WITH AUTOMATIC EMERGENCY OXYGEN DELIVERY SYSTEM  
Group Art Unit : 3752  
Examiner : Steven J. GANEY  
Docket No. : IKK-19

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

September 9, 2008

## AMENDMENT TRANSMITTAL

Transmitted herewith is an Amendment in response to the Patent Office communication titled "Notice of Non-Compliant Amendment ", dated July 23, 2008.

## Facsimile Transmission

Number: 571-273-8300

Date of transmission: 9 September 2008

I hereby certify that this correspondence is being transmitted to the U.S.P.T.O. fax # 571-273-8300 on the date indicated above and is addressed to the Commissioner for Patents, P.O. box 1450, Alexandria VA 22313-1450

Igor K. Kotliar



Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

OHS East:160475711.1

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Appl. No. : 10/726,737  
Examiner : GANEY, Steven J.  
Docket No. : IKK-19  
Filing : Response to Notice of Non-Compliant Amendment

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input checked="" type="checkbox"/> one month	\$60.00	\$120.00
<input type="checkbox"/> two months	\$230.00	\$460.00
<input type="checkbox"/> three months	\$525.00	\$1,050.00
Total:		<b>Fee</b> \$60.00

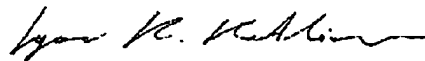
☐ If an additional extension of time is required, please consider this a petition therefor.

Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 60.00

- A. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. \_\_\_\_\_.
- ☐ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. \_\_\_\_\_.
- B. ☒ Payment Enclosed
- Check # 335 being mailed on September 9, 2008 to the Commissioner for Patents, P.O. box 1450, Alexandria VA 22313-1450**

Total Claims	- 20 =	x \$50.00
Independent Claims	- 3 =	x \$210.00
Application Size Fee <small>(\$250 for each additional 50 sheets or fraction thereof)</small>	- 100 =	x 260.00
Multiple Dependent Claims	\$370 (if applicable) <input type="checkbox"/>	\$0.00
Surcharge 37 CFR § 1.16(e)	\$130 (if applicable) <input type="checkbox"/>	\$0.00
<b>TOTAL OF ABOVE CALCULATIONS</b>		
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.	<input type="checkbox"/>	\$0.00
Extension of Time (from above)		\$60.00
Assignment -- \$40 (if applicable)	<input type="checkbox"/>	\$0.00
<b>TOTAL FEES SUBMITTED HERewith</b>		<b>\$60.00</b>

Respectfully submitted,



Dated: September 9, 2008

By: \_\_\_\_\_  
Igor K. KOTLIAR

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OHS East:160475711.1